


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90036 030 ***150.00

DOCUMENT # P01000099101					
1. Entity Name T. H. CARPENTRY, INC.					
Principal Place of Business 2087-A SARNO ROAD MELBOURNE, FL 32935			Mailing Address 2087-A SARNO ROAD MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box # 486 N Harbor City Blvd		3. Mailing Address 486 N. Harbor City Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Melbourne, FL		City & State Melbourne, FL		4. FEI Number 59-3749208	
Zip 32935		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32935		Country		6. Name and Address of Current Registered Agent	
Zip 32935		Country		7. Name and Address of New Registered Agent	
MILLER, ALLEN L 2087-A SARNO ROAD MELBOURNE, FL 32935				Name Caruso, Steven	
				Street Address (P.O. Box Number is Not Acceptable) 486 N. Harbor City Blvd	
				City Melbourne	
				FL Zip Code 32935	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Steven Caruso				DATE 1-8-07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNIGAN, TROY R 2087-A SARNO ROAD MELBOURNE, FL 32935		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNIGAN, KAREN 2087-A SARNO ROAD MELBOURNE, FL 32935		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: [Signature]			Date 2/13/07 Daytime Phone # (321) 508-8169		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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